



KEN PAXTON
ATTORNEY GENERAL of TEXAS
CHILD SUPPORT DIVISION

MC: ME
Bar Code Area
FS#:
Central File Maintenance
P.O. BOX 12048
AUSTIN, TX 78711-2048

Date:

Dear Custodial Parent,

Enclosed is a legal document called a " Certification of Direct Payments." This form is used to document child, medical, and dental support payments made directly to you by the non-custodial parent (in any form), including payments received in the form of cash or check or from a Military Allotment, Trust Fund or Escrow Account. It should not include any payments made through a county registry or the State Disbursement Unit (SDU).

Select the appropriate option on this form to indicate whether or not you have received any support payments directly from the non-custodial parent. If you have received support payments directly from the non-custodial parent, be sure to list the corresponding payment dates and amounts in the spaces provided at the bottom of this form.

Please return the Certification of Direct Payments to our office either

- by mail (in the enclosed, postage-paid envelope) or
- in person.

Returning This Form: Please note that this form is needed to process your case. It is **very important** that you complete this form and return it to our office, even if no direct payments were received. If no direct payments were received, please select the **first check box** (indicating you received no direct support payments).

If the information requested in this form is not provided, the following may occur:

- If you receive TANF, your noncooperation will result in a report to the Health and Human Services Commission (HHSC) to stop cash benefits for you and your family.
- If you receive Medicaid, your noncooperation will stop your Medicaid benefits. Your child(ren) will continue to receive Medicaid.
- If you do not receive TANF or Medicaid, we may close your case.

Reminder: Child, medical, and dental support payments are to be made to the State Disbursement Unit at the address below:

SDU
P.O. Box 659791
San Antonio, TX 78265-9791

If you have any questions concerning this form, please contact our office.



KEN PAXTON
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 CHILD SUPPORT DIVISION

CUSTODIAL PARENT'S CERTIFICATION OF DIRECT PAYMENTS

MC: _____

OAG Case#: _____

Note: This form is used to document child, medical, and dental support payments made **directly** to the **custodial parent** by the **non-custodial parent** (in any form), **including** payments received in the form of cash or check or from a Military Allotment, Trust Fund or Escrow Account. This **excludes** payments made through a county registry or State Disbursement Unit (SDU).

I, _____, the custodial parent:

- Certify that **either**: (Please select one of the options below)
 - I have not received any support payments (in any form) directly from _____, the non-custodial parent, including payments from a Trust Fund, Escrow Account or Military Allotment, and any payments I received were sent to me from either the county registry or the State Disbursement Unit (SDU) **or**
 - the list of support payments provided below (including all dates and amounts) is a correct list of payments I received directly from _____, the non-custodial parent, and that these payments were not sent to me from either the county registry or the State Disbursement Unit (SDU)
- authorize and request the Office of the Attorney General of Texas to disclose this document, in its entirety, to _____ (the person from whom the below support payments were received) and file it with the court.

Custodial Parent's Signature _____

Date: _____

Support Payments Made Directly to the Custodial Parent by the Non-Custodial Parent

- **Includes** Payments in the form of cash or check or from a Military Allotment, Trust Fund or Escrow Account
- **Excludes** Payments made through the County Registry or State Disbursement Unit (SDU)

Date (mm/dd/yyyy)	Amount	Date (mm/dd/yyyy)	Amount	Date (mm/dd/yyyy)	Amount	Date (mm/dd/yyyy)	Amount	Date (mm/dd/yyyy)	Amount

Cause #: _____

Total of all direct payments: _____

Texas Government Code Chapter 559 gives you the right to review and request correction of information on this form.